

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 18 PM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14603 (7)**
1. Corporation Name
CEDAR RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
6807 CEDAR RIDGE DRIVE PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/28/1986** 3a. Date of Last Report **02/04/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **6843 Cedar Ridge Dr** 26 **6843 Cedar Ridge Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **FL** 27 **FL**
City & State City & State
23 **Pensacola FL** 28 **Pensacola FL**
Zip Country Zip Country
24 **32526** 25 **FL** 29 **32526** 30 **FL**

9. Name and Address of Current Registered Agent
LAWRENCE, LORI E
6807 CEDAR RIDGE DR
PENSACOLE FL 32526

10. Name and Address of New Registered Agent
81 Name **Brenda C. Rudolph**
82 Street Address (P.O. Box Number is Not Acceptable) **6843 Cedar Ridge Dr.**
83 **FL**
84 City **Pensacola** 85 Zip Code **32526**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Brenda C. Rudolph DATE 2/8/95
Signature (Typed or printed name of registered agent and fee if applicable.) (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLAIN, JOE 6815 CEDAR RIDGE DRIVE PENSACOLA FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAGNER, ROBERT 6814 CEDAR RIDGE DRIVE PENSACOLA FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCURLY, TAMMY 6858 CEDAR RIDGE DRIVE PENSACOLA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE, LORI 6807 CEDAR RIDGE DRIVE PENSACOLA FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Smith, Darlean
3.3 STREET ADDRESS	6816 Cedar Ridge Dr.
3.4 CITY-ST-ZIP	Pensacola FL 32526
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Rudolph, Brenda C.
4.3 STREET ADDRESS	6843 Cedar Ridge Dr.
4.4 CITY-ST-ZIP	Pensacola FL 32526
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda C. Rudolph DATE 2/8/95 (904)944-2307
Signature and Typed or Printed Name of Signing Officer or Director